

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 162

Registered No. 47

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Henry Franklin Turner { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Mar 14, 1930
Month Day Year

8. FATHER
Full name Wm Lawrence Turner

9. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona

10. Color or race White 11. Age at last birthday 41 (Years)

12. Birthplace (city or place) Texas
(State or country)

13. Occupation
Nature of industry Rancher

14. MOTHER
Full maiden name Eva Lena Brewer

15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Arizona

16. Color or race White 17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Ft. Thomas
(State or country) Arizona

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 9
(b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:00 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Box 636 Globe, Ariz.

Month, day, year _____ Filed 4/8, 1930 S. E. Wightman
Registrar Registrar

7-55 - 314 - 527